

(703) 365-6421 PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
	MATIONAL	STAGE FEES	(Column	1)	(	Column 2)	1	RATE	FEE	]	RATE	FEE
<u> </u>		STAGE PEES	SMALL ENT. = \$ 150		1400	25 SUT - \$ 200	1		100			FEE
<u> </u>	IC FEE		Satisfies PCT Article 33(1)-		All other situations =			BASIC FEE		OR	BASIC FEE	300
EXA	MINATION FE	E	(4) = \$50 A	/\$ 100	\$	100 / \$ 200		EXAM. FEE	ļ	İ	EXAM. FEE	200
SEA	RCH FEE		ALL other countries = \$200 / \$400			her situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	100
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =			X \$ 125 =			X \$ 250 =	
тот	AL CHARGEA	BLE CLAIMS	24 min	nus 20 =	4			X \$ 25 =		OR	X \$ 50 =	200
IND	PENDENT CL	AIMS	5 m	inus 3 =	*/	Z·		X \$ 100 =		OR	X \$ 200 =	400
MUL	TIPLE DEPENI	DENT CLAIM PRE	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	(200
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
			<del></del>					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)	. 1					
TB		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OMEN	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMENDMËNT	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
	<u> </u>		•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".												
	The "Highest Nun	nber Previously Paid	For" (Total or Inde	ependent) i	s the higi	hest number found	in th	e appropriate box	cin column 1.			